



**SPONSORED RESEARCH AND INDUSTRIAL CONSULTANCY  
INDIAN INSTITUTE OF TECHNOLOGY KHARAGPUR**

**(TO BE SUBMITTED WITH THE ORIGINAL PROPOSAL AND SANCTION/REQUEST OF THE CLIENT)**

**DETAILS OF THE CONSULTANCY PROJECT:**

1. Title of the Consultancy Project (with SAC Code) :	
2. Name of the Sponsor/Client :	
3. (a) Sponsor/Client Full Address with State & PIN (*) :	
(b) GSTIN No. (*) :	
(c) PAN No. & TAN No. :	
(d) Contact Person Name, Phone No.& E-mail. :	
4. Name of the Consultant-in-Charge [CI] :	
5. Name of the other Consultant(s) [Co-Cl(s)] :	
6. Name(s) of the Department/Centre/School, where research is to be performed :	
7. Type of the Client (Put tick mark) (*) :	1. Government <input type="checkbox"/> 2. Private <input type="checkbox"/> 3. Foreign <input type="checkbox"/>
8. (a) Consultancy Fee :	₹
(b) Institute overhead (as stated in SI no.11) :	₹
(c) GST @ 18% of (a) & (b) :	₹
(i) (IGST @ 18%) or (ii)(CGST @ 9% + SGST @ 9%)(*)	
(d) <b>Gross Consultancy Charges(a+b+c)</b> :	₹
9. Date of Commencement of work :	
10. Date of Completion of work :	

**11. THE CONSULTANCY PROJECTS INVOLVES (Tick appropriate one) (\*)**

- |      |  |                          |
|------|--|--------------------------|
| 11.1 | Use of no Institute facilities i.e. done outside the institute (25%)     | <input type="checkbox"/> |
| 11.2 | Use of Institute facilities such as Computer, Network, Space, etc. (30%) | <input type="checkbox"/> |
| 11.3 | Primarily testing and interpretation including laboratory testing (35%)  | <input type="checkbox"/> |
| 11.4 | Technology Transfer (50%)  | <input type="checkbox"/> |

**Note:** Asterisk (\*) against mandatory fields.

This is to state that the undersigned will submit the progress report periodically to the sponsor endorsing a copy to DEAN (SRIC) for record. All Final Technical Reports (FTR) will also be sent to the sponsor on completion of the project along with a consolidated statement of account. A copy of the FTR will be given to SRIC Office for record.

**RECOMMENDATION OF THE HOD/HOC:**

**(Signature of Consultant-in-charge)**

The above proposal may please be approved and this is to recommend that the consultancy project belongs to the category 11.1/11.2/11.3/11.4 (please tick anyone that is applicable) and the Consultant(s) would be given necessary facilities including leave of one day/week provided the consultant(s) make(s) necessary arrangement for the class loads assigned to him/them.

**(Signature of HOD/HOC/HOS)**

To  
**Deputy Registrar(SRIC)/Assistant Registrar(SRIC)**

**DEAN (SRIC)**